



The Villages Soccer Club
 703 Buena Vista Blvd.
 The Villages, FL 32162
 www.TheVillagesSoccerClub.com
 TheVillagesSC@gmail.com
 (352) 561-8239

Player's Full Name _____
 Date of Birth _____ Gender (circle) M or F
 Medical Problems, Drug Reactions and/or Allergies _____
 Parent/Guardian Relationship to player _____
 Home/Cell Phone _____ Work Phone _____
 Parent/Guardian Relationship to player _____
 Home/Cell Phone _____ Work Phone _____
 In an emergency when parents cannot be reached, please contact:
 Name _____ Phone _____
 Name _____ Phone _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the player/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the player/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify The Villages Soccer Club, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in The Villages Soccer Club programs and/or being transported to or from the same, which transportation I hereby authorize.

THE VILLAGES® POLO CLUB

I understand that it is a privilege to be allowed the use of The Villages® Polo Club fields for The Villages SC Recreation Program. I agree to release, discharge, hold harmless and covenant not to sue The Villages of Lake-Sumter, Inc., The Villages Operating Company, Village Center Community Development District, Sumter Landing Community Development District, all affiliates of such entities, and each of the foregoing's officers, directors, employees and agents from all liability to the player/participant, his/hers personal representatives, assigns, heirs and next of kin for any and all loss or damage and any claim or demands therefore on account of any injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the player/participant or otherwise while the participant is in or upon the area, observing, training, or for any purpose participating in activities.

This authorization shall remain in effect for 1 (one) calendar year from the date of signing, unless revoked in writing.

Sign _____ Date _____
 Sign _____ Date _____

Proud member of:

